DEPARTMENT OF HOMELAND SECURITY

OMB NO 1660-0047

Print Time: 09/09/2017 22:00

| FEDERAL EMERGENCY MANAGEMENT AGENCY MISSION ASSIGNMENT (MA) | | | | , for approvent | | oires March 31, 2014 | |
|--|---|-------------|-------------------------------------|-----------------------------|-------------------------------|--|--|
| I. TRACKING INFORMATION (FEMA Use Only) | | | | | | | |
| State TX (Texas) Incident:2017082301-Hurricane Harvey | | | | | | NEMIS Number 1509-238706 | |
| Program Code/Event Number 4332DR-TX: HURRICANE HARVEY | | | | | | Date/Time Received 09/08/2017 21:21 | |
| II. ASSISTANCE REQUIRED See Attached | | | | | | | |
| Assistance Requested Amendment #3: Amend to obligate an additional \$1,500,000.0 the expanded areas since the initial Mission Assignment. This in the field at the current time. Amendment #2: Amend to change Federal cost share to 100% | | | | mpacted are /EPA for act | eas, including tivities | | |
| y USCG Confinalia Center, 1213 Terry Shanisle biva. | | | Control Number Da 9798 and email | | | late/Time Required 09/08/2017 | |
| Initiator/Requestor Name Anthony Buck | | | nail Address nthony.Buck@tceq.te | Date 09/08/2017 | | | |
| | | | nail Address acy.mcmahon@fema | .dhs.aov | | Date 09/08/2017 | |
| * State Approving Official (Required for DFA and TA) | | | | | | Date | |
| III. INITIAL FEDERAL COORDINATION (Operation | ns Section) | | | | | | |
| Action to: | tion to: | | | | | · · | |
| IV. DESCRIPTION (Assigned Agency Action Office | l . | 20.30 | | | | See Attached | |
| Your agency must validate the unliquidated MA balance a provided to FEMA no later than the third business day after | | | an be submitted FE | MA-Disaste | er-MA-ULO@ | @DHS.gov | |
| Assigned Agency EPA (ENVIRONMENTAL PROTECTION AGY) Projected Start Date 08/29/2017 | | | | | Projected End Date 09/30/2017 | | |
| □ New or □ Amendment to MA #: 4332DRTXEPA0302 Total Cost Estim \$1,500, | | | | | | | |
| ESF/OFA Action Officer STEVE MASON | | | Phone No. (214) 789-1871 | | | | |
| V. COORDINATION (FEMA Use Only) | | | (=1.7.00.101.1 | | | gepaiger | |
| Type of MA: Direct Federal Assistance Technical Assistance | | | | | | Federal Operations Support State Share (0%) | |
| State Cost Share Percent 0.0 % State Cost Share Amount: \$ 0.00 | | | | | | | |
| Fund Citation: 2017-06-4332DR-9064-XXXX-2508-D Appropriation code: 70X0702 | | | | | | | |
| Mission Assignment Manager (Preparer) MASON MCMASTER | | | | | | Date 09/08/2017 | |
| ** FEMA Project Manager/Branch Director (Program Approval) STACY MCMAHON | | | | | | Date 09/08/2017 | |
| ** Comptroller/Funds Control (Funds Review) YORK, SHANE T. | | | | | | Date 09/09/2017 | |
| VI. APPROVAL | | | | | | | |
| *State Approving Official (required for DFA and TA): | | | | | | Date | |
| **Federal Approving Official (required for all): JOHN LONG | | | | | | Date 09/09/2017 | |
| VII. OBLIGATION (FEMA Use Only) | | | | | | | |
| Mission Assignment Number <u>4332DR-TX-EPA-03</u> | Amount This Action \$ 1,500,000.00 Date/Tim | | | | e Obligated 09/09/2017 | | |
| Amendment Number 03 | Cumulative Amount \$ 10,092,000.00 Initials: If | | | | -MIS | | |
| * Signature required for Direct Federal Assistance | and Technical Assi | stance MAs. | | | | | |

Assistance Requested Continued from Block II

Amendment #1: Amend to change projected end date to 9/30/17 and OFA Action Officer to Steve Mason. No change in funding.

Requested ESF-10 assistance to the State of Texas in support of assessment and response operations to actual or threatened hazardous materials and oil releases/discharge. This assistance includes response to release/discharges from fixed facilities, as well as orphaned containers and mobile sources

Additional Mission Statement

ESF 10 will conduct aerial assessments to assess discharges/releases; accumulations of orphaned containers, and damages to oil/chemical facilities. This information will be used to help ensure safety of response personnel entering into the impacted areas.

Region 6, State TX, 4332DR, MA#1509-238706 (IFMIS Closed), Amendment to MA#1509-237723 as of 09/09/2017

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PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 3 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0047). **Note: Do not send your completed form to this address.**

INSTRUCTIONS

Items on the Mission Assignment (MA) form that are not listed are self-explanatory.

I. TRACKING INFORMATION. Completed by Action Tracker or other Operations staff. Required for all request.

State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)

Action Request No.: Based on chronological log number. Used for tracking.

<u>Program Code/Event No.</u>: The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 4220-AD, 3130-EM, 1248-DR.

II. ASSISTANCE REQUESTED. Complete by requestor.

Assistance Requested: Detail of resource shortfalls, give specific deliverables or simply state the problem.

Internal Control No.: Internal requestor reference, log, or control number, if applicable.

Initiator/Requestor: The initiator may be an individual filling out the mission assignment and making a request on behalf of the POC. POC Name: The person coordinating reception and utilization of the requested resources. 24-hour contact information required. State Approving Official: Signature certifies that State and local government cannot perform, nor contract for the performance, of the requested work and agrees to pay cost share if any.

II. INITIAL FEDERAL COORDINATION. Completed by the Operations Section Chief.

<u>Action to</u>: Operations Chief notes assigned organization. May be Emergency Support Function (ESF), internal FEMA organization, or other organization, which assigns the Action Officer.

Rest of MA used only if solution to request Federal agency to perform reimbursable work under (MA). Best solution may be internal resources or commercial vendor. Deliberate evaluation must occur before MA is completed and MA is issued.

IV. DESCRIPTION. Completed by assigned agency Action Officer.

<u>Statement of Work</u>: Description steps to complete the request. Include discussion of personnel, equipment; sub tasked agencies, contracts and other resources required. This can be provided as an attachment.

Assigned Agency: Agency receiving the MA from FEMA. Activities within the scope of an ESF result in an MA to the primary agency. Cite subordinate organization if applicable. Example; DOT-FAA, COE-SAD.

<u>Project Completion Date/End Date</u>: If end date is not clear, estimate and budget for 30 or 60 days, then re-evaluate. TBD is not acceptable; some date must be entered into this field.

Total Cost Estimate: A budget can be attached outlining personnel, equipment, contract, sub-tasked agency, travel, and other costs.

- V. COORDINATION. Completed by MAM, except for Project Manager and Comptroller signatures. Type of MA: Select only one. <u>Appropriation Code</u>: Static data. Do not change. This is for information only, should not be used to report internal agency finances to Treasury.
- VI. APPROVAL. Completed by State Approving Official and Federal Approving Official.
- VII. OBLIGATION. Completed by Financial Specialist

Mission Assignment No.: Assigned in FEMA financial system chronologically using assigned agency acronym and two digit number. Amendment No.: Note supplement number. For example: COE: SAD-01, Supp. 1, or DOR-08, Supp. 3.

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Amount this Action: Taken from total cost estimate above.

Cumulative Amount: Cumulative amount for this MA, including amendments.